

VII . LONG TERM CARE Task Force

Summary

Long-term care refers to the medical, social, personal care and supportive services needed by people who have lost some capacity for self-care because of a chronic illness or condition. Most long-term care is provided by family and friends in the home and community settings. Residential options for long term care such as adult homes, assisted living and nursing homes are also available. Most seniors want to remain living in their own homes as long as possible.

Tompkins County offers a wide range of services to assist seniors in need of long term care: assessment and case management, nursing and therapies, personal care, housekeeping/chore assistance, a personal emergency response system, friendly visiting, meals services, adult day care and caregiver support.

There is an ongoing shortage of both home care and residential facility staff. This is expected to worsen with the increasing number of seniors expected in the new Millennium. The Balanced Budget Act of 1995 reduces the amount of services Medicare will cover, putting even more strain on licensed home care agencies.

A series of issues and recommendations for action in the new Millennium are presented.

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LONG TERM CARE Task Force

I. Introduction

Long-term care refers to the medical, social, personal care, and supportive services needed by people who have lost some capacity for self-care because of a chronic illness or condition. According to the Congressional Budget Office's (CBO) March 1999 report, "Projections of Expenditures for Long-Term Care Services for the Elderly" the number of seniors in the US will grow from 35.7 million in 2000 to 40.6 million in 2010 or 13.7%. Although experts project that the prevalence of disability among seniors will continue to drop in the near future and the proportion of elderly that are disabled will decline, the number of disabled people 65 and older will rise due to increased numbers of seniors and increased life spans. Experts predict that 26% of people age 65 in the year 2000 will live until the age of 90. Long-term care costs are expected to increase annually by 2.6% between 2000 and 2040. The CBO report projects that a rising proportion of long-term care services will be provided in the home.

Shifts in the racial and ethnic composition of the senior population in coming years will have unknown effects on the demand for long term care. National predictions show a rising percentage of seniors will be Asian American, African American or Hispanic, the fastest growing group of seniors being Hispanic. The effect these growth patterns will have within their communities and whether there will be a demand for more formal services remains to be seen.

II. Status of Long Term Care in Tompkins County

According to Vera Prosper, New York State Office for the Aging housing specialist, the overwhelming preference of older people is to age in place in their own homes and communities. Seniors receive in-home assistance in a variety of ways, from formal sources such as agencies to informal sources such as family and friends.

A. Informal Caregiving Services

Tompkins County seniors who need assistance with home care services such as housekeeping, shopping, personal care, and transportation receive these services, for the most part, from family members and friends. The National Association of Caregivers estimates that one in four US households has one caregiver for someone 50+ with a variety of disabling conditions. They also state that the caregiver is most likely to be a spouse and that 72% of caregivers are female. Recent research on ethnic groups has shown higher levels of caregiving among Asian Americans, African Americans and Hispanic households than in the general population and less reliance on formal caregiving.

B. Formal Caregiving Services

1. Home Care

a. Assessment and Case Management

In-home assessments are available to county residents through the Long Term Care Services (LTCS) unit. Assessment, including the New York State required nursing home assessment (the PRI), case management, information and referral is free to any county resident in their home who needs long term care. Assistance is provided for seniors and families to locate needed community programs and services. In 1998 LTCS performed 543 assessments and 389 reassessments for a broad range of county residents, they also case managed approximately 40,000 hours of personal care service for 239 low to middle income county residents. Information and referral is also available through the Human Services Coalition. Case management is available through Licensed Home Care Service Agencies. In Tompkins County there is one private care management organization for seniors, Elderhelp.

b. Skilled Services

Professional assistance is provided to seniors by Certified Home Health Agencies, Licensed Home Care Service Agencies and hospice providers. These agencies offer a variety of skilled services and are licensed to bill insurance such as Medicare, Medicaid and other private policies for their services.

Medicare covered home care for senior citizens has been tremendously affected by the Balanced Budget Act of 1997. There has been a reduction in the amount of Medicare covered home care services such as skilled nursing, home health aide, physical therapy, occupational therapy, speech therapy and medical social work received by seniors in Tompkins County and elsewhere in recent months. Because Medicare is changing reimbursement to a prospective payment system, seniors with chronic conditions are no longer able to get their home care covered by Medicare.

Home care services covered by Medicare dropped dramatically in 1998: Tompkins County Home Health Care provided 28,389 home care visits to 584 clients, a 20% reduction in number of clients served and a 15% reduction in patient visits from 1997. Visiting Nurse Service of Ithaca and Tompkins County provided 25,910 patient visits in their Certified Home Health Agency and Long Term Care, an 8% reduction from 1997. Seventy percent of the Visiting Nurse Service's home care visits were billed to Medicare in 1998. Patient visits include nursing, physical therapy, speech therapy, occupational therapy, home health aides and medical social work. National statistics show New York State residents use much more publicly funded home care than the national average and less publicly funded nursing home care.

Additionally, home care in Tompkins County has been plagued by shortages of home care workers for many years. As a result, it is expected that seniors will be forced to rely even more on informal sources of long term care such as family, friends and community resources and less on formal services.

Tompkins County hospice services are provided by Hospicare. It offers a broad array of services including a six bed residential facility, a transitions program for clients not ready for full hospice services and an active home care program. Hospice services continue to be covered by Medicare; coverage was not affected by the Medicare changes in the Balanced Budget Act of 1997. Although payment for in-home and nursing home hospice services is covered by Medicare, room and board in the residence are not covered by Medicare or Medicaid and rely upon client contributions, private insurance and fund raising.

**c. Personal Care and Housekeeping/Chore Services
(EISEP)**

If the Medicare trend is to continue, long term care services will be less medical, more social and funded by sources such as Medicaid, private savings, long term care insurance, and programs like EISEP (Expanded In-home Services for the Elderly Program). EISEP is a program for seniors funded through a grant from New York State and through Tompkins County, to provide in home housekeeping/personal care service. There is usually a waiting list. In 1998 EISEP provided 12,400 hours of aide service to 112 Tompkins County seniors free of charge or on a sliding fee scale.

d. Medicaid Personal Care Program

The Medicaid Personal Care Program provided approximately 31,000 hours of personal care services to 150 different clients in 1998. In addition a new Consumer Directed Personal Assistance Program (CDPAP), a Medicaid program which allows recipients to hire and manage their own care, began in February 1998. The program has been popular and has provided a previously unmet needed service in areas where coverage has been hard to find. In 1998 CDPAP provided 3,947 hours of personal care services to 7 different clients. The total amount of personal care hours in the Medicaid program increased from 27,000 in

1997 to approximately 35,000 in 1998. In 1998 65% of the clients in the Personal Care Program were 60 years old or more.

e. Personal Emergency Response Systems

Personal Emergency Response Systems (PERS) are beneficial to seniors because they are a cost-effective way to provide communication in the event of an emergency, enhancing a mobility-compromised senior's ability to remain independent. Recipients wear a pendant with a button they can press in case of an emergency. PERS units can be obtained from a variety of commercial providers. Subsidized payment for PERS units is provided by the County Office for the Aging and by the Department of Social Services. As of December 1998, 276 county residents had PERS units provided by the County Office for the Aging in their homes. The Long Term Care Services unit of the Department of Social Services provided PERS units to 57 unduplicated Medicaid recipients in 1998. There is sometimes a waiting list for a PERS unit from the Office for the Aging.

f. Meal Programs

Home delivered meals are available in Tompkins County through Foodnet and Meals on Wheels. Foodnet delivers one meal per day Monday through Friday, with frozen meals for the weekend, to any county senior who needs them; 550 people were served by Foodnet in 1998. Foodnet also runs five congregate meal sites in Ithaca (2), Groton, Lansing and Trumansburg; 335 people were served in 1998. The number of meals served by Foodnet grows by six percent each year. Foodnet anticipates that the demand for service will double during the next 15 years. Meals on Wheels delivers two meals per day, 7 days per week and accommodates special diets within the city of Ithaca and along the hospital corridor. Typically Meals on Wheels serves 10 to 25 clients per day and depends upon volunteers from local churches and synagogues to

deliver the meals. Also available to Tompkins County seniors are the many food pantries located throughout the community. Some pantries make provisions to deliver food to homebound seniors.

g. Adult Day Care

Adult daycare has not been a highly utilized service in Tompkins County. At this time there are two adult day programs: one is Day Break at the Groton Community Health Care Center, the other is at Longview. Both are social model programs. The Day Break program has the capacity to accommodate 8 adults and is generally half full. Longview also has a capacity to accommodate 8 and provides adult day care three days per week. Attendance has recently reached capacity since moving to the new building, and an additional day is being added. A medical model daycare program, which can be paid for by Medicaid, no longer exists in this county.

h. Caregiver Support

Included in the many home care services available to seniors is a Caregiver Resource Center run by the County Office for the Aging. This valuable service supports the informal caregivers who provide the vast majority of in-home care to seniors. Frequently information about caregiving is the only resource families need. Tompkins County is rich in resources for caregivers and offers five different caregiver support groups, one to one support (in 1998, 320 counseling contacts were made with 250 people), a Caregiver's Newsletter with a circulation range of 500 to 700, plus workshops, information and referral, and outreach. Other sources of caregiver counseling are available from religious organizations and from Family and Children's Services. The caregiver counselor at Family and Children's Services will make home visits. Family and Children's Services also offers a respite program which provides in-home relief for the caregiver. The respite program served 15 unduplicated clients in 1998.

i. Friendly Visiting

The Friendly Visitor Program matches volunteers with homebound seniors in Tompkins County to provide them with regular companionship, stimulation and emotional support. In 1998, the Friendly Visitor Program provided visitors for 128 unduplicated clients. In the near future we expect programs such as EISEP and Friendly Visiting to continue to have increased demand and waiting lists.

C. Residential Services

When seniors are no longer able to remain living independently either in their own homes or in assisted living, then nursing home care is an available option in Tompkins County. There have been many changes in nursing home care recently, some brought on by reimbursement changes, others as a result of changing options for consumers. Nursing home residents are more disabled than in the past; however, they tend to stay for shorter periods of time. In 1998 approximately 50% of all of Lakeside's admissions returned to the community. Nursing homes no longer have the long waiting lists that existed just a few years ago; seniors are utilizing more home care resources and other residential service options. Most nursing home care is funded by Medicaid. For example: 75% of Lakeside's 1998 revenue came from Medicaid, 11% from Medicare, the rest from resident savings or other insurance.

D. Technology

In the area of technology seniors are less likely to use assistive devices than their younger counterparts and the type of equipment most likely to be used by a senior tends to be low tech. Research in the area of assistive devices shows seniors under-utilize available equipment and frequently need in-home training. In the future we can expect innovations in the area of home design.

Home builders are beginning to consider people's long range, changing needs in their standard home building designs. Homes of the future will be constructed to convert with the aging owner's changing needs. Other innovations will likely be in the areas of medication administration and improved mobility aides.

III. Issues, Needs & Highlights

A. There are many issues associated with the recent Medicare changes. Agencies are expected to provide the same level of service they did in the past with less revenue. Those seniors with complex, service intensive needs may have difficulty finding a home care provider to accept their case because the client's needs may be more than a provider in this county is willing to take on. When a senior is discharged from the hospital and needs home care, the home care nurse instructs the family to perform services that the nurse or home health aide would have performed in the past, placing more burden on family members. Home care recipients are also more likely to be discharged from home care before they are medically stable, resulting in the potential for rehospitalization, increased cost to the health care system and additional family burden.

B. Medicare changes mean fewer services covered by Medicare which leaves families, friends, community agencies, and other service providers to fill in the gaps. Seniors are generally faced with waiting lists in the non-medical programs like respite, EISEP and Friendly Visitors. These programs have shown to be effective in prolonging a senior's ability to remain at home and avoiding Medicaid expenditures. Continued and increased support for programs such as these will be needed as the demand increases.

C. The shortage of home care aides and certified nurse aides (nursing home and hospital aides) will likely continue due to low county unemployment and low wages. Home care aides work fragmented schedules due to the nature

of their work. They also may work for more than one agency, and are unlikely to receive health insurance benefits. As the demand for more services increases in the home and in senior residences, service providers will have increasing difficulty finding enough workers to meet the demand.

D. In the area of hospice services, Hospicare has recently noticed an increase in referrals on clients close to death. This creates financial difficulty because much time and cost is incurred at admission and as death nears, overall length of client stay has shortened. New York State lacks Department of Health regulations for hospice residences, and there is also no Medicaid reimbursement for residential services. Another area of need identified by Hospicare is with pain management. Hospicare has been working with local health care providers to improve pain management education.

E. Providers of adult daycare cite reimbursement and transportation as major factors in utilization of their service. Other factors may include hours of operation and local preference to receive in-home care. Both programs offer recreational activities, exercise and meals but do not offer the skilled services a medical model would offer, such as nursing care and therapies. Social model daycare is usually not reimbursed by insurance.

F. In the future, Foodnet will be faced with increased financial challenges in order to continue to provide home delivered meals to all seniors who wish to receive them. Federal and State participation has not increased significantly in recent years, leaving an increased financial burden on the County and making Foodnet more reliant upon participant contributions and fundraising for capital expenditures. Creative solutions to support Foodnet's increasing demand will be needed for the future.

G. Tompkins County nursing homes have shortages of nurses, especially Licensed Practical Nurses. There is also a shortage of physicians who do nursing home care. Another difficulty faced by nursing homes is what to do with a resident who is incapable of giving informed consent for treatment and has no family to assume that responsibility. Treatment decisions should not be left to the nursing home administration, but there is no local entity to assume that responsibility.

IV. Action Recommendations

It is recommended:

- A.** THAT in-home volunteer programs be expanded in order to meet the growing demand for less formal sources of in-home visiting. Volunteers could provide an additional resource for in-home assistance without the task-oriented pressures professional services are required to provide. A coordinated program of trained volunteers could serve a broader range of clients than the volunteer services that are available now.
- B.** THAT support for low cost programs such as Foodnet, EISEP, Friendly Visitor, respite and PERS be continued and enhanced to meet the growing demand in the future.
- C.** THAT Medicaid cover residential hospice services, improving the outlook for further expansion. New York State legislators need to take a serious look at this issue and provide regulation and Medicaid financing for residential hospice. In addition, on-going education for health care providers and the greater community on

the services provided by Hospicare and the value of making a timely referral is needed to promote this valuable service and to get the most from what they have to offer.

- D.** THAT a medical model adult day care be established that is covered by Medicaid and other insurance policies. Some form of needs evaluation should be conducted to assess the need for medical model adult day care. Cortland County has a Medicaid funded medical model adult day care that has capacity to accept more clients. Assessing that option and examining transportation may provide a different solution.
- E.** THAT community input be gathered on the issue of guardianship for nursing home residents who are incapable of making informed consent. A task force is needed to review this problem and make recommendations to the County Board of Representatives.
- F.** THAT with regards to shortages of Licensed Practical Nurses (LPNs) in nursing homes, LPN training be provided to home care aides and certified nurses aides in a flexible, low cost manner. This would not only provide promotional opportunities for current aide staff, it would also provide incentive for job applicants to enter into the health care field by becoming a home health aide. In addition, improving the status of home care aides in terms of wages and benefits will improve the outlook for increased service demand.

V. Conclusion

The future of long term care in Tompkins County will be affected by many factors. Increasing numbers of seniors, longer life spans, expanded home care

and residential options, shifting racial and ethnic demographics, changes in insurance and financing and improved technology will all have an effect on the long term care services available to seniors over the next few years. The challenges we will face in trying to meet the growing demand for long term care services will include aide and nursing shortages, more demands on local funding dollars and more demands on caregivers. It is certain that the demand for formal services will increase and so will the cost. Finding affordable solutions to this demand will be our challenge as we enter the 21st century.